

SNAPSHOT VIEW HFA Best Standards Refinements –April 2015

The following items in the Best Practice Standards have been modified in some way from the previous version. This Snapshot document is provided to assist sites in having a quick reference guide about these changes. The changes have been for the most part to provide additional details that will help ensure consistent interpretation of the standards.

We also will make available until July 1st an Interim version of the refined standards with yellow highlights on all areas in the BPS where there is substantive content change. The version labeled “Final” (without highlights) is the version sites should copy and print for your records. All changes are effective immediately as none require any major change to previous expectations.

GENERAL

- Validation date for the standards is extended from December 31, 2016 to December 31, 2017 to be consistent with the dates in effect for the HFA Multi-Site Central Administration Standards.
- New Table of Contents with hyperlinks will take you directly to the Standard you want to see
- Expanded glossary definitions including Challenging Issues, Cultural Sensitivity and added a new definition for Reflective Strategies.
- Links to updated resources, tools, including a new Policy and Procedure Manual checklist and template, an updated Cultural Sensitivity Workbook, and links to training modules related to CHEEERS, Family Goal Plans and Prenatal Services. Also a new link to free online Protective Factors training made available from the National Alliance of Children’s Trust and Prevention Funds.
- New Data Table with timeframes at the end of the glossary to provide overall guidance on the timeframes expected for various data reports
- Spreadsheets have been updated for 4-1.B and 6-6.B, and all spreadsheet and training links are now located with the standards they relate to as well as in the glossary.
- Removed policy expectation from the rating indicators of several practice standards, including 1-2.B, 3-3.B, 4-4.B, 6-3.B, 6-5.B, 7-4.B, 12-3.B, 12-4.B, GA-2C, GA-4B, GA-5D, and GA-6B. This was done to ensure sites are not dually impacted in the practice standard if the policy standard is rated out of adherence.

STANDARD 1

- 1-1.A: Moved “review of target population every 2 years” to a tip in order to be consistent with 3 rating to have updated it within last 2 years. Intent now indicates target population description should be reviewed periodically. Removed from rating indicators language requiring how site decided up TP.
- 1-1.C: Removed 75% threshold language entirely. Provided additional intent regarding purpose and methodology for measuring percent of families in the target population being reached and

- importance of continuing to gather this data even when working with an external entity for purposes of referral and/or centralized intake.
- 1-2.D: Provided minimum expectation for what must be included when monitoring positive screens that are not assessed (when assessment used to determine eligibility) or offered services (when screen is used to determine eligibility).
- 1-2.E: Removed N/A rating and instead added to 3 rating if 90% or more verbally accept.
- 1-4.A: Clarified HFA methodology for measuring acceptance rate.
- 1-4.B and 3-4.B: Clarified the distinction between the ratings to ensure sites are analyzing at least one factor from each of the 3 categories of factors (programmatic, demographic and social) and comparing these factors across families for the same time period.

STANDARD 2

- 2: Parent Survey added to the first order standard to clarify assessment tool being referenced.
- 2-2.A: Clarified policy expectations when using the Parent Survey that sites may reference HFA Parent Survey Core training materials regarding the criteria assessed and the narrative documentation required rather than reiterate them in policy, as long as staff have access to the materials from when they attended training. Also provided detail on steps a site must pursue if wanting to implement an alternate initial assessment tool.

STANDARD 3

- 3-1: Added reference to standard GA-5.B to ensure sites understand that the voluntary nature of services is also expected to exist in writing along with telling parents verbally.

STANDARD 4

- 4: Added level change process to the first order standard to ensure that overall ratings include more focus than just level change criteria.
- 4-1.B: Added intent for sites to calculate the rate of families being offered home visit intensity and develop improvement strategies if less than 90%. Also, changed “recent practice” to “most recent changes from Level 1 to Level 2”. This is to resolve confusion of how recent practice is defined for this standard in comparison to all other recent practice situations.
- 4-2.A: Additional guidance for sites to have the case weight while on Level X be equal to their case weight prior to being moved to Level X. This is to ensure space remains on the worker’s caseload to re-engage. Also, moved home visitor responsibilities to a tip.
- 4-2.E: Added emphasis on level change decisions being made based on family progress.
- 4-4.A: Clarified expectation that the follow-up on resources identified is expected to occur pre-closure vs post-closure.
- 4-4.B: Added to 2 rating the ability (especially for newer sites) to rate in adherence even if site has had no planned closures yet.

STANDARD 5

- 5-1: Added to standard that description of service population is intended to include data and narrative detail.
- 5-4.A: Requires that family and staff input (from surveys completed for Standard 5-4.B are incorporated into the CSR.

- 5-4.B: Removed link to CSR, so that if input has been obtained but not yet incorporated the sites will not be out of adherence in both 5-4.A and 5-4.B. Also added tip regarding staff surveys, and working to obtain responses from all staff and protecting worker anonymity in the process when possible.

STANDARD 6 & 7

- 6-2.A and 7-4.A: Removed reference to how staff build protective factors from policy given the broad nature of what the description would include, however it remains a focus of practice.
- 6-2.A: Clarified what is meant by timelines, which is not that goals are developed every 3 months or every 6 months, but that instead families are intended to have an active goal at all times, and the timeline is the expression of the target completion date for any particular goal (i.e. some goals may be very short in duration while others will be projected to take longer).
- 6-3.C :This is a NEW standard however the content of it is taken from the previous 6-3.B. Rather than PCI being assessed, addressed and promoted in one standard, it is now split into two standards , with assessing PCI in 6-3.B and addressing and promoting in 6-3.C. Additional clarification about how workers address and promote PCI is included through use of reflective strategies and various curriculum activities.
- 6-6: The standards now specify use of the ASQ as the developmental screen, given that this particular developmental screen is now used by 99% of the HFA network. A tip was added to encourage use of the ASQ-SE.
- 6-6.A and 7-2.A: Clarified intent regarding the need to include Level X families when tracking receipt of ASQ's and receipt of immunizations. Given the time period for administering ASQs (twice per year in the first 3 years and once per year between 3-5 years) and for measuring immunization status (at 1 year and 2 years), there is opportunity to "catch-up" with families during times when not on Level X, and therefore should not be excluding from tracking.

STANDARD 9

- 9-2: Removed policy language and instead referenced equal opportunity practices.

STANDARD 10

- 10-2: Clarified that stop-gap training, if provided, must include all required elements described in the intent for 10-2.
- 10-3.A and B: Added Tip to encourage staff to complete post-Core training certification activities to further build knowledge and skills.
- 10-3.B: Added Intent about circumstances when assessment supervisors (hired after July 1, 2014) might be exempt from the requirement to also obtain Integrated Strategies for Home Visitors Core training.

STANDARD 11

- 11-5: Corrected an oversight and added program manager to the list of staff required to receive the 11-5 training topics, just as they have been required to receive 11-2, 11-3 and 11-4 topics.
- 11-5.D: Added note that annual update training on Child Abuse and Neglect is not required until the worker's second year, as wrap-around topic 11-4.A meets the requirement in year one.



STANDARD 12

- 12-2.A: Added areas of supervision content including feedback on use of reflective strategies, addressing areas of risk identified in the initial assessment, discussing mechanisms to build protective factors, and discussing ongoing worker safety.

GOVERNANCE & ADMINISTRATION

- GA-3.B: Clarified intent that shadowing of direct service staff (assessment and home visiting) is required, while shadowing of supervisors is optional (a tip).
- GA-4: This standard was inadvertently overlooked in the original BPS revisions when all standards that contained both policy and practice were split. This has been corrected and GA-4.A now refers to policy on participant deaths and GA-4.B relates to practice.
- GA-7: This standard was inadvertently overlooked in the original BPS revisions when all standards that contained both policy and practice were split. This has been corrected and GA-7.A now refers to policy on participant deaths and GA-7.B relates to practice.
- GA-9 and 10: These are new standards that articulate the requirements of all sites to have data up-to-date on HFAST and to have all fees owed to the National Office paid and up-to-date prior to accreditation. These standards will not be rated by peer reviewers during the site visit, but instead will be rated by National Office staff upon receipt of the Site Visit Report (SVR) from the peer team.